

Fill in this information to identify the case:

Debtor name Southern Inyo Healthcare DistrictUnited States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIACase number (if known) 1:16-bk-10015-FEC

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

- Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

- List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address 121 Medical Inc. 8100 Wyoming Blvd #181 Albuquerque, NM 87113 Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number <u>d605</u>	\$188.48
As of the petition filing date, the claim is: <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: <u>Business Debt</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address Abbot Laboratories Nutrition Division 75 Remittance #1310 Chicago, IL 60675-1310 Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number <u>3445</u>	\$1,511.91
As of the petition filing date, the claim is: <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: <u>Business Debt</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address ABC Fire Service 1025 Telegraph Street Reno, NV 89502 Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	\$3,168.17
As of the petition filing date, the claim is: <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: <u>Business Debt</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address Ability Network Inc. Department CH 16577 Palatine, IL 60055-6577 Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	\$3,627.00
As of the petition filing date, the claim is: <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: <u>Business Debt</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
Name			
3.5	Nonpriority creditor's name and mailing address Advanced Medical Management Carissa Jordan-Contract Support 5000 Airport Plaza Drive Suite 150 Long Beach, CA 90815	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Medical Provider Agreement	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.6	Nonpriority creditor's name and mailing address Adventist Health Inc. Accounting Department P.O. Box 619002 Roseville, CA 95661-9002	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$26,171.74
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred October 2014	Basis for the claim: Business Debt	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address Aetna 151 Farmington Avenue Hartford, CT 06156	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$722.70
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred July 2014	Basis for the claim: Business Debt	
	Last 4 digits of account number 4152	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address AHA P.O. Box 92247 Chicago, IL 60675	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,655.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred October 2015	Basis for the claim: Business Debt	
	Last 4 digits of account number 2940	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Alco Sales & Service Co 6851 High Grove Blvd. Willowbrook, IL 60527	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$655.30
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred September 2015	Basis for the claim: Business Debt	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Alere No America P.O. Box 846153 Boston, MA 22840-6153	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,334.22
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred August 2015	Basis for the claim: Business Debt	
	Last 4 digits of account number 5970	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Alger Company Inc. 320 Flightline Road Leander, TX 78645	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$152.17
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred August 2015	Basis for the claim: Business Debt	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Name			
3.12	Nonpriority creditor's name and mailing address Alpha Fund P.O. Box 619084 Roseville, CA 95661	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18.70
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>November 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address Alpha Fund Workers Comp. P.O. Box 619084 Roseville, CA 95661	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,500.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>January 2016</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Altaware, Inc. 26522 La Alameda #180 Mission Viejo, CA 92691	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,160.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number <u>9136</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Alturdyne 660 Steele Street El Cajon, CA 92020	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,555.50
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address American Business Machine P.O. Box 2737 Bakersfield, CA 93303-2737	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>August 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address American Profeciency Inst. Department 9526 P.O. Box 30516 Lansing, MI 48909	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,265.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address Amerigas P.O. Drawer G Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$370.62
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.19 Nonpriority creditor's name and mailing address Anderson, Jack R 570 Sunset Dr. Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00	
Date or dates debt was incurred <u>June 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.20 Nonpriority creditor's name and mailing address Andreas Haack Klixstr 24 Berlin, Germany 13403	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$212.00	
Date or dates debt was incurred <u>April 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.21 Nonpriority creditor's name and mailing address Andy Werking 3353 Bradshaw Road, Suite 210 Sacramento, CA 95827	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,000.00	
Date or dates debt was incurred <u>November 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.22 Nonpriority creditor's name and mailing address Antelope Valley Flue John Corbett DBA P.O. Box 265 Rosamond, CA 93560	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$280.00	
Date or dates debt was incurred <u>November 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23 Nonpriority creditor's name and mailing address ANTHEM BC MCM PO BOX 60007 LOS ANGELES, CA 90060-0007	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
Date or dates debt was incurred _____	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Medical Provider Agreement		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.24 Nonpriority creditor's name and mailing address Anthem Blue Cross Attn: Terry Marinas 2121 North California Blvd. Walnut Creek, CA 94596	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
Date or dates debt was incurred _____	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Medical Provider Agreement		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.25 Nonpriority creditor's name and mailing address Anthem Blue Cross CA P.O. Box 51011 Los Angeles, CA 90051	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$110.74	
Date or dates debt was incurred <u>June 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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	Name		
3.26	Nonpriority creditor's name and mailing address Asana Heritage Telemed 5016 Chesebro Road, Suite 200 Agoura Hills, CA 91301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,168.00
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address Aspen Street Architects, Inc. P.O. Box 370 Angels Camp, CA 95222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,525.09
	Date or dates debt was incurred <u>September 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address ATI 7522 Tyrone Avenue Van Nuys, CA 91405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,308.00
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address BC / BS Federal P.O. Box 70000 Van Nuys, CA 91470	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,215.00
	Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address BC LIFE & HEALTH PO BOX 60007 CMSP LOS ANGELES, CA 90060-0007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address BC SISC III PO BOX 80308 SALINAS, CA 93912	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address Ben Jones 151 S. Lakeview St. Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$116,000.00
	Date or dates debt was incurred <u>2015</u>	Basis for the claim: <u>Business Debt (Wage Claim)</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Name			
3.33	Nonpriority creditor's name and mailing address Berguem, Said 550 Fall Rd. P.O. Box 52 Olancha, CA 93549	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>April 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address Bermudez, Lisa 1445 Birchim Lane Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address Bestway Laundry Solutions 1035 East Third Street Corona, CA 92879	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>09/17/2010</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number <u>2887</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address Beta Healthcare Group Finance Department 1443 Danville Blvd. Alamo, CA 94507	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,798.34
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>January 2016</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.37	Nonpriority creditor's name and mailing address Beta Healthcare Group 1443 Danville Blvd. Alamo, CA 94507	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$596.59
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>January 2016</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address Bishop Welding Supply 180 Short Street Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,043.46
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address Blue Cross 21555 Oxnard Street Woodland Hills, CA 91367	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$833.27
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>July 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.40	<p>Nonpriority creditor's name and mailing address BLUE CROSS PO BOX 60007 HEALTHY FAMILIES LOS ANGELES, CA 90060</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.41	<p>Nonpriority creditor's name and mailing address Blue Cross Attn: Cathy Moseley 2121 North California Blvd. Walnut Creek, CA 94596</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.42	<p>Nonpriority creditor's name and mailing address BLUE CROSS OF ARIZONA 5810 WEST BELVERLY LANE Administrative Ent. GLENDALE, AZ 85306-1800</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.43	<p>Nonpriority creditor's name and mailing address BLUE CROSS OF CA PO BOX 60007 2NDARY LOS ANGELES, CA 90060</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.44	<p>Nonpriority creditor's name and mailing address BLUE CROSS OF CALIFORNIA PO BOX 1999 MOTION PICTURE INDUSTRY STUDIO CITY, CA 91614</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.45	<p>Nonpriority creditor's name and mailing address BLUE CROSS-PERS CHOICE PO BOX 60007 PRUDENT BUYER PLAN-SIH LOS ANGELES, CA 90060</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.46	<p>Nonpriority creditor's name and mailing address BLUE CROSS/BLU SHIELD-FEP PO BOX 70000 FEDERAL EMP PROGRAM VAN NUYS, CA 91470</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Provider Agreement</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown

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3.47 Nonpriority creditor's name and mailing address BLUE SHIELD PO BOX 1505 BLUECARD PROGRAM RED BLUFF, CA 96080-1505		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Medical Provider Agreement</u>	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48 Nonpriority creditor's name and mailing address Blue Shield of CA P.O. Box 272540 Chico, CA 95927-2540		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,822.85	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number _____		Basis for the claim: <u>Business Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49 Nonpriority creditor's name and mailing address BLUE SHIELD OF CA PO BOX 272540 CHICO, CA 95912		As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: <u>Medical Provider Agreement</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50 Nonpriority creditor's name and mailing address BLUE SHIELD OF CALIFORNIA P O BOX 272560 CHICO, CA 95927-2560		As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: <u>Medical Provider Agreement</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51 Nonpriority creditor's name and mailing address Blue Shield of California Attn: Mary Li 3300 Zinfandel Drive Rancho Cordova, CA 95670		As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: <u>Medical Provider Agreement</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52 Nonpriority creditor's name and mailing address Bobby Pourziaee DPM Inc 512 W Line Street, Suite A Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$199.54	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____		Basis for the claim: <u>Business Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53 Nonpriority creditor's name and mailing address Briggs Corporation P.O. Box 1355 Des Moines, IA 50305-1355		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,993.82	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number _____		Basis for the claim: <u>Business Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.54 Nonpriority creditor's name and mailing address Bryon Dittman 810 First Street Rochester, PA 15074		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55 Nonpriority creditor's name and mailing address BSC Supply 200 Fifth Avenue, Suite 3020 Waltham, MA 02451		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56 Nonpriority creditor's name and mailing address By Referral Labels Inc 10372 Ashton Avenue Los Angeles, CA 90024		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>May 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.57 Nonpriority creditor's name and mailing address CA Broadband Cooperative Department LA #24227 Pasadena, CA 91185		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58 Nonpriority creditor's name and mailing address CA Critical Access Hospital Network 1215 K Street, #800 Sacramento, CA 95814		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>January 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59 Nonpriority creditor's name and mailing address CA Hospital Assoc Accounting Department 1215 K Street, Suite 800 Sacramento, CA 95814		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60 Nonpriority creditor's name and mailing address CA ST Disbursement Unit INYO Child Support P.O. Box 989067 West Sacramento, CA 95798-9067		As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.61	Nonpriority creditor's name and mailing address CA Valued Trust 520 E Herndon Avenue Fresno, CA 93720 Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.50
3.62	Nonpriority creditor's name and mailing address CAHF 2201 K Street Sacramento, CA 95816 Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$666.00
3.63	Nonpriority creditor's name and mailing address CAHHS/CHA Education/Publ Department 1215 K Street, Suite 800 Sacramento, CA 95814 Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,701.00
3.64	Nonpriority creditor's name and mailing address California Broadband Services 9116 Elk Grove Blvd Elk Grove, CA 95624 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address CALIFORNIA HEALTH & WELLN PO BOX 4080 FARMINGTON, MO 63640-3835 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address California Health and Wellness 1740 Creekside OASKD Sacramento, CA 95833 Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.34
3.67	Nonpriority creditor's name and mailing address CALIFORNIA MEDICAL DETACH ATTN: HSHJ-CCD PRESIDIO OF MONTEREY, CA 93944-5006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.68	Nonpriority creditor's name and mailing address California Valued Trust P.O. Box 45018 Fresno, CA 93718	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,867.50
	Date or dates debt was incurred <u>April 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	Nonpriority creditor's name and mailing address Canon Financial Services 14904 Collections Center Drive Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,217.20
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address Cardinal Health Medical Products and Service P.O. Box 100316 Pasadena, CA 91189-0316	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,953.19
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address Cardinal Health RX 411 c/o Bank of America P.O. Box 56412 Los Angeles, CA 90074	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,993.53
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address Carefusion 25565 Network Place Chicago, IL 60673-1255	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,018.98
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address Carstens P.O. Box 99110 Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$140.93
	Date or dates debt was incurred <u>September 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address CBI Craigsbook Inc P.O. Box 1764 Bishop, CA 93515	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,134.00
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.75 Nonpriority creditor's name and mailing address Celleration Inc Department CH 19325 Palatine, IL 60055-9325		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$8,132.52	
3.76 Nonpriority creditor's name and mailing address Cendecon P.O. Box 995 Frazier Park, CA 93225		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$840.00	
3.77 Nonpriority creditor's name and mailing address Centurion Medical Product P.O. Box 842816 Boston, MA 02284		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>March 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$815.19	
3.78 Nonpriority creditor's name and mailing address Certified Medical Testing 7600 N. Ingram Avenue, Suite 234 Fresno, CA 93711		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$866.25	
3.79 Nonpriority creditor's name and mailing address CG Roxanne 3346 AR-8 Norman, AR 71960		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$42.00	
3.80 Nonpriority creditor's name and mailing address CHA 1215 K Street, Suite 800 Sacramento, CA 95814		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>January 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$5,232.00	
3.81 Nonpriority creditor's name and mailing address CHAMPVA PO BOX 469064 DENVER, CO 80246-9064		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		Unknown	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.82 Nonpriority creditor's name and mailing address CHDTP P O BOX 15503 E.D.S. FEDERAL CORP SACRAMENTO, CA 95851-1508	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Unknown	
Date or dates debt was incurred _____	Last 4 digits of account number _____		
3.83 Nonpriority creditor's name and mailing address Chong Luo 821 Rainwater Lane Walnut, CA 91789	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$15,529.56	
Date or dates debt was incurred <u>October 2015</u>	Last 4 digits of account number _____		
3.84 Nonpriority creditor's name and mailing address Cianfarano, Sean A 651 Share Ave. P. O. Box 159 Lone Pine, CA 93545	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$20.00	
Date or dates debt was incurred <u>April 2015</u>	Last 4 digits of account number _____		
3.85 Nonpriority creditor's name and mailing address Cigna Donella Olsen - Contracts Manager 400 Brand Blvd. Suite 300 Glendale, CA 91203	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Unknown	
Date or dates debt was incurred _____	Last 4 digits of account number _____		
3.86 Nonpriority creditor's name and mailing address Cigna Healthcare 900 Cottage Grove Road Bloomfield, CT 06002	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$565.60	
Date or dates debt was incurred <u>July 2014</u>	Last 4 digits of account number _____		
3.87 Nonpriority creditor's name and mailing address Coast to Coast Computer 4277 Valley Fair Street Simi Valley, CA 93063	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$259.20	
Date or dates debt was incurred <u>March 2015</u>	Last 4 digits of account number _____		
3.88 Nonpriority creditor's name and mailing address Coast to Coast Healthcare P.O. Box 56346 Atlanta, GA 30343	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$223,404.55	
Date or dates debt was incurred <u>November 2015</u>	Last 4 digits of account number _____		

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.89 Nonpriority creditor's name and mailing address Colleen R Wilson 151 Alabama Drive Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$911.00	
Date or dates debt was incurred <u>December 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.90 Nonpriority creditor's name and mailing address Comprehensive Health Services Attn: Melinda Roxberry-Blankenship 10701 Parkridge Blvd. Suite 200 Reston, VA 20191	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
Date or dates debt was incurred _____	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Medical Provider Agreement		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.91 Nonpriority creditor's name and mailing address Cook Medical Inc 22988 Network Place Chicago, IL 60673-1229	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$336.09	
Date or dates debt was incurred <u>September 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.92 Nonpriority creditor's name and mailing address Covidien P.O. Box 120823 Dallas, TX 75312	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,867.60	
Date or dates debt was incurred <u>August 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.93 Nonpriority creditor's name and mailing address Craneware, Inc. 3340 Peachtree Road NE Suite 850 Atlanta, GA 30326	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,000.00	
Date or dates debt was incurred <u>July 2015</u>	<input checked="" type="checkbox"/> Contingent		
Last 4 digits of account number <u>4309</u>	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	Basis for the claim: Lawsuit pending in Johnson County District Court Listed in SOFA		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.94 Nonpriority creditor's name and mailing address Crispin, Jean 1445 S. Main St. P.O. Box 1026 Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
Date or dates debt was incurred <u>June 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.95 Nonpriority creditor's name and mailing address CSAC Excess Ins 75 Iron Point Cir # 200 Folsom, CA 95630	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,096.26	
Date or dates debt was incurred <u>June 2015</u>	<input type="checkbox"/> Contingent		
Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: Business Debt		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.96	Nonpriority creditor's name and mailing address CTN 2001 P Street, Suite 100 Sacramento, CA 95811	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$53,000.00
	Date or dates debt was incurred <u>April 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.97	Nonpriority creditor's name and mailing address Daily Independent P.O. Box 7 Ridgecrest, CA 93555	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$957.10
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address Daugherty, Veronica 2978 Mesquite Rd Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20.00
	Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	Nonpriority creditor's name and mailing address Dean Vander Wall P.O. Box 189 Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$32,400.00
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address Definiti 26445 Rancho Pkwy S #A Lake Forest, CA 92630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21.60
	Date or dates debt was incurred <u>July 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	Nonpriority creditor's name and mailing address Dennis J Schumacher MD P.O. Box 340 Big Pine, CA 93513	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,700.00
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.102	Nonpriority creditor's name and mailing address Dept of Water and Power 300 Mandich Lane Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$90,000.00
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Utilities</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District	Name	Case number (if known)	1:16-bk-10015-FEC
3.103 Nonpriority creditor's name and mailing address Dewey Pest Control P.O. Box 7114 Pasadena, CA 91109		As of the petition filing date, the claim is: Check all that apply.		\$781.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.104 Nonpriority creditor's name and mailing address Diane Cattabriga P.O. Box 298 Bishop, CA 93515		As of the petition filing date, the claim is: Check all that apply.		\$240.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.105 Nonpriority creditor's name and mailing address Direct Supply Healthcare Equip. P.O. Box 88201 Milwaukee, WI 53288		As of the petition filing date, the claim is: Check all that apply.		\$6,559.01
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.106 Nonpriority creditor's name and mailing address DISABILITY EVALUATION DIV PO BOX 28937 SIERRA BRANCH/V61 FRESNO, CA 93729-8937		As of the petition filing date, the claim is: Check all that apply.		Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.107 Nonpriority creditor's name and mailing address Donna Mcauley Boone 4822 Alison Lane Bishop, CA 93514		As of the petition filing date, the claim is: Check all that apply.		\$948.75
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.108 Nonpriority creditor's name and mailing address Doug Bushell 63 Hicks Street, Unit D Meriden, CT 06450		As of the petition filing date, the claim is: Check all that apply.		\$19,800.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.109 Nonpriority creditor's name and mailing address Dr. Guestravo Velasquez c/o Kim L. Anglin 245 E. Olive Ave. 4th Floor Burbank, CA 91502		As of the petition filing date, the claim is: Check all that apply.		Unknown
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred <u>2015</u>		Basis for the claim: <u>Alleged claim for breach of good faith</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.110 Nonpriority creditor's name and mailing address DTSC P.O. Box 1288 Sacramento, CA 95812		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$332.50
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>September 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111 Nonpriority creditor's name and mailing address Dwaynes Friendly Pharmacy 644 West Line Street Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,182.68
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.112 Nonpriority creditor's name and mailing address E Sierra Propane #7869 104 Sunland Res Road Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$326.60
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113 Nonpriority creditor's name and mailing address E Sierra Propane #7870 104 Sunland Res Road Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$844.39
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114 Nonpriority creditor's name and mailing address Earl W Ferguson 1539 N. China Lake, Suite A Ridgecrest, CA 93555		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,067.85
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115 Nonpriority creditor's name and mailing address Eastern Sierra Propane 104 Sunland Res. Road Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Utility</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116 Nonpriority creditor's name and mailing address ECRI Institute 5200 Butler Pike Plymouth Meeting, PA 19462		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.117 Nonpriority creditor's name and mailing address EI Sol de la Sierra P.O. Box 507 Bishop, CA 93515		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$340.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>July 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118 Nonpriority creditor's name and mailing address Emergency Medical Product 25196 Network Place Chicago, IL 60673		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$600.31
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119 Nonpriority creditor's name and mailing address Employment Develop Dept P.O. Box 826219 Sacramento, CA 94230		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,150.62
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120 Nonpriority creditor's name and mailing address EUF Corp P.O. Box 2439 Chino, CA 91708		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,831.62
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.121 Nonpriority creditor's name and mailing address Everbank Commercial Finance, Inc. P.O. Box 911608 Denver, CO 80291		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$945.50
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.122 Nonpriority creditor's name and mailing address Exact Staff 21031 Ventura Blvd. #501 Woodland Hills, CA 91364		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$35.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>January 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123 Nonpriority creditor's name and mailing address Fasthealth Corporation 1001 23rd Avenue, Suite C Tuscaloosa, AL 35401		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,250.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.124 Nonpriority creditor's name and mailing address Fedex P.O. Box 7221 Pasadena, CA 91185		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$183.55
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.125 Nonpriority creditor's name and mailing address First Financial Corp Lease P.O. 87618 Chicago, IL 60680		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$115,256.82
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>May 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126 Nonpriority creditor's name and mailing address Fisher Healthcare 9999 Veterans Memorial Drive Houston, TX 77038		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12,443.46
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number <u>9001</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.127 Nonpriority creditor's name and mailing address Focus & Execute 14029 Point Hills Draper, UT 84020		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,699.81
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128 Nonpriority creditor's name and mailing address Frances Anne Bramhall P.O. Box 217 Keeler, CA 93530		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$345.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.129 Nonpriority creditor's name and mailing address Fusion Medical Staffing 11506 Nicholas Street, Unit 110 Omaha, NE 68154		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,000.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130 Nonpriority creditor's name and mailing address Gardners True Value P.O. Box 920 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,521.55
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.131 Nonpriority creditor's name and mailing address GE Healthcare Diagnostic Imaging c/o Michael B. Bach DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, OH 45150	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$48,440.70
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>2015</u>	Basis for the claim: Business Debt		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.132 Nonpriority creditor's name and mailing address GEHA c/o PMCS P.O. Box 4665 Independence, MO 64051	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$86.00
Date or dates debt was incurred <u>January 2015</u>	Basis for the claim: Business Debt		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.133 Nonpriority creditor's name and mailing address Global Services PLC Corporate Office 3rd Floor 66 Wilson Street London EC2A 2BT, UK	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$240.00
Date or dates debt was incurred <u>January 2015</u>	Basis for the claim: Business Debt		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.134 Nonpriority creditor's name and mailing address Globalstar P.O. Box 30519 Los Angeles, CA 90030	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,388.21
Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: Business Debt		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.135 Nonpriority creditor's name and mailing address Godoy Fino, Olivia 1445 Bircham Ln Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$20.00
Date or dates debt was incurred <u>April 2015</u>	Basis for the claim: Business Debt		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.136 Nonpriority creditor's name and mailing address GOV'T EMPLOYEES HOSP ASSN PO BOX 4665 INDEPENDENCE, MO 64051-4665	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
Date or dates debt was incurred _____	Basis for the claim: Medical Provider Agreement		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.137 Nonpriority creditor's name and mailing address Government Employees Health Association Attn: Linda McMurray PO Box 4665 310 NE Mulberry Street Lee's Summit, MO 64086	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
Date or dates debt was incurred _____	Basis for the claim: Medical Provider Agreement		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.138 Nonpriority creditor's name and mailing address Hamblins Plumbing P.O. Box 1199 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$501.45
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.139 Nonpriority creditor's name and mailing address Hampton, Joel P. O. Box 1199 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.140 Nonpriority creditor's name and mailing address Hardy Diagnostics 1430 W McCoy Lane Santa Maria, CA 93455		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$53.72
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.141 Nonpriority creditor's name and mailing address HCCA 869 N. Cherry Street Tulare, CA 93274		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Management Company Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.142 Nonpriority creditor's name and mailing address HCPRO P.O. Box 5094 Brentwood, TN 37024		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$464.10
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143 Nonpriority creditor's name and mailing address Health Care Logistics P.O. Box 400 Circleville, OH 43113		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$194.70
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>July 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144 Nonpriority creditor's name and mailing address Health Net 21281 Burbank Blvd Woodland Hills, CA 91367		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$188.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.145 Nonpriority creditor's name and mailing address Health Net Patrice Holloway - Contract Mgr. 7755 Center Avenue Suite 800 Huntington Beach, CA 92647		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Medical Provider Agreement</u>	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.146 Nonpriority creditor's name and mailing address Health Net Attn: Karen Pham 7755 Center Avenue Suite 800 Huntington Beach, CA 92647		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Medical Provider Agreement</u>	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.147 Nonpriority creditor's name and mailing address Healthcare Reimbursement 2700 Ygnacio Valley, Suite 135 Walnut Creek, CA 94598		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>February 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.148 Nonpriority creditor's name and mailing address Healthland Inc P.O. Box 856554 Trinidad, CA 95570		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.149 Nonpriority creditor's name and mailing address Helmer Scientific P.O. Box 1937, Dept. 30 Indianapolis, IN 46206		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150 Nonpriority creditor's name and mailing address Home Depot Credit Service P.O. Box 183176, Dept. 32 Columbus, OH 43218		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>July 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151 Nonpriority creditor's name and mailing address Hospira Worldwide Inc 75 Remittance Drive, Suite 6136 Chicago, IL 60675		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.152 Nonpriority creditor's name and mailing address Hospital Council North and Central CA 515 S. Figueroa, #1300 Los Angeles, CA 90071		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,327.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.153 Nonpriority creditor's name and mailing address HUMANA MILITARY HEALTH PO BOX 7032 CAMDEN, SC 29020-7032		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.154 Nonpriority creditor's name and mailing address HUMANA MILITARY HEALTHCARE PO BOX 8976 TRICARE REGION 13 MADISON, WI 53707-8976		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155 Nonpriority creditor's name and mailing address Idville 5376 52nd Street, SE Grand Rapids, MI 49512		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$200.95
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>July 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156 Nonpriority creditor's name and mailing address Immucor Inc P.O. Box 102118 Atlanta, GA 30368		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$936.91
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.157 Nonpriority creditor's name and mailing address Independence Lions Club P.O. Box 532 Independence, CA 93526		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.158 Nonpriority creditor's name and mailing address Inetba 250 Pilot Road, Suite 300 Las Vegas, NV 89119		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,289.06
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.159 Nonpriority creditor's name and mailing address INTER VALLEY HEALTH PLAN PO BOX 6002 PAMONA, CA 91769		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Medical Provider Agreement	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.160 Nonpriority creditor's name and mailing address Inyo Co Environmental Health Department P.O. Box 427 Independence, CA 93526		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$178.00	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.161 Nonpriority creditor's name and mailing address Inyo Co Sheriffs Office Civil Division P.O. Box S Independence, CA 93526		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.00	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.162 Nonpriority creditor's name and mailing address Inyo County Water System c/o Wilder Bartow P.O. Box 1004 Independence, CA 93526		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,008.97	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.163 Nonpriority creditor's name and mailing address Inyo Register 1180 N. Main, Suite 108 Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$664.33	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.164 Nonpriority creditor's name and mailing address J & J Health Care Systems P.O. Box 406663 Atlanta, GA 30384		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,108.99	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.165 Nonpriority creditor's name and mailing address John P. Anderson, M.D. John P. Anderson, M.D., Inc. 3033 W Orange Ave Anaheim, CA 92804		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,355.00	
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number <u>7277</u>		Basis for the claim: Lawsuit pending in California Orange County Superior Court Listed in SOFA	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.166 Nonpriority creditor's name and mailing address Johnson and Johnson PO Box 406663 Atlanta, GA 30384-6663		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.167 Nonpriority creditor's name and mailing address Josephs Market P.O. Box 1090 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168 Nonpriority creditor's name and mailing address Juan Manuel Huerta, III c/o Daniel G. Sheldon, Esq. Scolinos, Sheldon & Nevell 301 North Lake Avenue, 7th Floor Pasadena, CA 91101		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred <u>2015</u> Last 4 digits of account number _____		Basis for the claim: Alleged claim by a minor	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.169 Nonpriority creditor's name and mailing address JWT & Associates LLC 1111 E. Herndon Avenue Suite 211 Fresno, CA 93720		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.170 Nonpriority creditor's name and mailing address Keith J Andersen P.O. Box 873 Bishop, CA 93515		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2014</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.171 Nonpriority creditor's name and mailing address Kemp, Mandy 244 Rosedale Independence, CA 93526		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.172 Nonpriority creditor's name and mailing address Kenneth L Saeger MD Attn: Mindi Osman 9788 Wexford Circle Granite Bay, CA 95746		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____		Basis for the claim: Business Debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.173 Nonpriority creditor's name and mailing address Kenneth L. Saeger MD Attn: Mindi Osman 9788 Wexford Circle Granite Bay, CA 95746		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174 Nonpriority creditor's name and mailing address Kiss - FM P.O. Box 757 Bishop, CA 93515		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175 Nonpriority creditor's name and mailing address Kleine, Anita c/o Michael Kleine 302 Farallon Ave. Pacifica, CA 94044		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,666.00	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176 Nonpriority creditor's name and mailing address KSRW Sierra Wave 1280 N. Main Street Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$768.00	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>March 2015</u>		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.177 Nonpriority creditor's name and mailing address Labcorp of America P.O. Box 12140 Burlington, NC 27216		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$756.10	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.178 Nonpriority creditor's name and mailing address Laboratory Specialists 400 East Clark Avenue, Suite B Santa Maria, CA 93455		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,713.29	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.179 Nonpriority creditor's name and mailing address Labsco 1951 Bishop Lane, Suite 300 Louisville, KY 40218		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$232.63	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: Business Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.180 Nonpriority creditor's name and mailing address Lambdin, Julie 371 W. Bush St. P.O. Box 143 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.181 Nonpriority creditor's name and mailing address Lamos, Paul 625 Alabama Dr. Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.182 Nonpriority creditor's name and mailing address Landauer Inc P.O. Box 809051 Chicago, IL 60680		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>September 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.183 Nonpriority creditor's name and mailing address Lee Baron 201 Dominy Road Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred <u>February 2015</u>		Basis for the claim: <u>Alleged Breach of Contract</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.184 Nonpriority creditor's name and mailing address Leggett, Beverly L c/o Jaime Brown 204 W. Mariposa Ave. Ridgecrest, CA 93555		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.185 Nonpriority creditor's name and mailing address Leroy Kritz P.O. Box 784 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.186 Nonpriority creditor's name and mailing address Lisa Gorlick 1335 Rocking W Drive, #353 Bishop, CA 93514		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>September 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.187	Nonpriority creditor's name and mailing address Lone Pine Cable P.O. Box 867 Lone Pine, CA 93545	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.188	Nonpriority creditor's name and mailing address Lone Pine Chamber of Commerce P.O. Box 749 Lone Pine, CA 93545	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$425.00
	Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.189	Nonpriority creditor's name and mailing address Luna, Vianey 215 S. Mt. Whitney Dr. P.O. Box 1081 Lone Pine, CA 93545	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20.00
	Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.190	Nonpriority creditor's name and mailing address Mammoth Hospital P.O. Box 100 PMB 700 Mammoth Lakes, CA 93546	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$98,181.13
	Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.191	Nonpriority creditor's name and mailing address MARINE DIVISION 1 MAR DIV ATTN CO AID ST RECON CO HQBN CAMP PENDLETON, CA 92055	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.192	Nonpriority creditor's name and mailing address Mary Stewart P.O. Box 240 Olancha, CA 93549	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$850.00
	Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.193	Nonpriority creditor's name and mailing address McKesson Medical Surgical P.O. Box 51020 Los Angeles, CA 90051	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,118.74
	Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.194 Nonpriority creditor's name and mailing address Med Pass Inc L3495 Columbus, OH 43260 Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$119.50
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Business Debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.195 Nonpriority creditor's name and mailing address Med-RT LLC 834F S. Perry Street, #111 Castle Rock, CO 80104 Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,800.00
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Business Debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.196 Nonpriority creditor's name and mailing address Medassets Inc P.O. Box 405652 Atlanta, GA 30384 Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$8,640.00
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Business Debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.197 Nonpriority creditor's name and mailing address MEDI-CAL PO BOX 15600 SACRAMENTO, CA 95852 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Medical Provider Agreement			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.198 Nonpriority creditor's name and mailing address MEDI-CAL L.A. CARE PO BOX 570590 TARZANA, CA 91357 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Medical Provider Agreement			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.199 Nonpriority creditor's name and mailing address MEDICAL FAMILY PACT PO BOX 942732 SACRAMENTO, CA 94234-7320 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Medical Provider Agreement			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.200 Nonpriority creditor's name and mailing address Medical Imaging Consulting, Inc. 531 Main Street, #1175 EI Segundo, CA 90245 Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,850.00
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: Business Debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.201	Nonpriority creditor's name and mailing address Medical Positioning, Inc. 1717 Washington Kansas City, MO 64108 Date or dates debt was incurred <u>August 2010</u> Last 4 digits of account number <u>9287</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202	Nonpriority creditor's name and mailing address Medical Solutions Inc 9101 Western Avenue, Suite 101 Omaha, NE 68114 Date or dates debt was incurred <u>September 2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133,958.42
3.203	Nonpriority creditor's name and mailing address MEDICARE RAILROAD 1301 CLAY ST OAKLAND FED BLD #392N OAKLAND, CA 94612 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.204	Nonpriority creditor's name and mailing address MEDICARE/NORDAIN PO BOX 6770 FARGO, ND 58108-6770 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.205	Nonpriority creditor's name and mailing address Medtox Diagnostics Inc P.O. Box 60575 Charlotte, NC 28260 Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.70
3.206	Nonpriority creditor's name and mailing address Mettler Electronics Corp 1333 S. Claudina Street Anaheim, CA 92805 Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.25
3.207	Nonpriority creditor's name and mailing address Micro Technology Inc 18179 Meadowlark Lane Lake Oswego, OR 97034 Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.00

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.208	Nonpriority creditor's name and mailing address Microgenics Corp 7055 Collections Ctr Chicago, IL 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$993.50
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.209	Nonpriority creditor's name and mailing address Microsoft Corp P.O. Box 842103 Dallas, TX 75282-2103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$900.00
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.210	Nonpriority creditor's name and mailing address Mike Perez c/o Brian E. Reed 530 West Lancaster Boulevard Lancaster, CA 93534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Alleged Medical Malpractice Claim Listed in SOFA</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.211	Nonpriority creditor's name and mailing address Milton R Jones MD P.O. Box S Lone Pine, CA 93545	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$51,895.00
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.212	Nonpriority creditor's name and mailing address MIT LLC P.O. Box 39 Medford, OR 97501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,175.00
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.213	Nonpriority creditor's name and mailing address MJL & Associates 377 Marina Park Lane Long Beach, CA 90803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,000.00
	Date or dates debt was incurred <u>March 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.214	Nonpriority creditor's name and mailing address Model Dairy LLC Dept. 2170 Los Angeles, CA 90084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,726.96
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.215 Nonpriority creditor's name and mailing address Moore Medical LLC P.O. Box 99718 Chicago, IL 60696		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.216 Nonpriority creditor's name and mailing address MSP PO BOX 1528 AUGUSTA, GA 30903-1528		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.217 Nonpriority creditor's name and mailing address MXR 4444 Viewridge Ave., Suite A San Diego, CA 92123		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.218 Nonpriority creditor's name and mailing address NARHC 2 East Main Street Fremont, MI 49412		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>December 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.219 Nonpriority creditor's name and mailing address NAVAL OFFICE OF MEDICAL PO BOX 886999 OFFICER IN CHARGE GREAT LAKES, IL 60088-6999		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.220 Nonpriority creditor's name and mailing address Nave & Cortell LLP 4580 E. Thousand Oaks Suite 300 Thousand Oaks, CA 91362		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2015</u>		Basis for the claim: <u>Legal services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.221 Nonpriority creditor's name and mailing address Newell, Beverly 1172 S. Main St. P.O. Box 609 Lone Pine, CA 93545		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.222	Nonpriority creditor's name and mailing address Noridian Medicare P.O. Box 6770 Fargo, ND 58108-6770	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$37.42
	Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.223	Nonpriority creditor's name and mailing address Northern Inyo Hospital 150 Pioneer Lane Bishop, CA 93514	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,362.62
	Date or dates debt was incurred <u>March 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.224	Nonpriority creditor's name and mailing address Novarad Corporation 752 E. 1180 S. Suite 200 American Fork, UT 84003	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,888.16
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.225	Nonpriority creditor's name and mailing address NRACO Service Corp P.O. Box 1330 Nevada City, CA 95959	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152,500.00
	Date or dates debt was incurred <u>March 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.226	Nonpriority creditor's name and mailing address Office of Statewide Health Plan (OSHPD) 400 R Street, Suite 359 Sacramento, CA 95811	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,405.32
	Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.227	Nonpriority creditor's name and mailing address Olancha Cartago FD P.O. Box 64 Olancha, CA 93549	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30.00
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.228	Nonpriority creditor's name and mailing address Olive, Leonard c/o Joan Olive 312 S. Washington Independence, CA 93526	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,910.20
	Date or dates debt was incurred <u>April 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.229	Nonpriority creditor's name and mailing address Omnicell Inc P.O. Box 204650 Dallas, TX 75320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,284.16
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.230	Nonpriority creditor's name and mailing address Onestaff Medical 11819 Miracle Hills, Suite 101 Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49,237.50
	Date or dates debt was incurred <u>October 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.231	Nonpriority creditor's name and mailing address Ossur North America Inc P.O. Box 51942 Los Angeles, CA 90051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$823.24
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.232	Nonpriority creditor's name and mailing address Overpayment Recovery P.O. Box 92420 Cleveland, OH 44193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,085.05
	Date or dates debt was incurred <u>September 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.233	Nonpriority creditor's name and mailing address Pacific Telemanagement 2001 Crow Canyon Road, Suite 201 San Ramon, CA 94583	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$510.48
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.234	Nonpriority creditor's name and mailing address PACIFICARE PO BOX 6006 ADMIN. SERVICES DIVISION CYPRESS, CA 90630-0006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.235	Nonpriority creditor's name and mailing address Palmetto GBA, LLC P.O. Box 1332 Augusta, GA 30903-1332	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$65.93
	Date or dates debt was incurred <u>June 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)	1:16-bk-10015-FEC
3.236 Nonpriority creditor's name and mailing address Patterson Medical P.O. Box 93040 Chicago, IL 60673	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,729.76
Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.237 Nonpriority creditor's name and mailing address Petrak & Associates, Inc. 2255 Morello Avenue, Suite 201 Pleasant Hill, CA 94523	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,848.50
Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.238 Nonpriority creditor's name and mailing address PGBA P O BOX 870006 SURFSIDE BEACH, SC 29587-8706	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.239 Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services P.O. Box 371887 Pittsburgh, PA 15250-7887	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$724.70
Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.240 Nonpriority creditor's name and mailing address Pitney Bowes Reserve Account P.O. Box 223648 Pittsburgh, PA 15250	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00
Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.241 Nonpriority creditor's name and mailing address Plumbing Company c/o Lynne M. Sandlin P.O. Box 713 Death Valley, CA 92328	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$425.00
Date or dates debt was incurred _____	Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.242 Nonpriority creditor's name and mailing address Praxair Distribution, Inc. Department LA 21511 Pasadena, CA 91185	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,748.45
Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.243 Nonpriority creditor's name and mailing address PreEmployment.Com P.O. Box 491570 Redding, CA 96049	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.244 Nonpriority creditor's name and mailing address PREFERRED IPA OF CA PO BOX 4449 CHATSWORTH, CA 91313	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.245 Nonpriority creditor's name and mailing address Preferred Septic & Disp 1280 N. Main Street, Suite 1 Bishop, CA 93514	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.246 Nonpriority creditor's name and mailing address Premier ER Physicians CA 7032 Collection Ctr Drive Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>August 2015</u>	Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.247 Nonpriority creditor's name and mailing address Prithviraj Dharmaraja High Desert Gastroen P.O. Box 5988 Lancaster, CA 93539	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.248 Nonpriority creditor's name and mailing address Prognosis Innovation Healthcare 805 Walker Street Houston, TX 77002	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>August 2015</u>	Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.249 Nonpriority creditor's name and mailing address QTC Medical Group A+ 22030 Sherman Way, Suite 118 Canoga Park, CA 91303	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>July 2014</u>	Basis for the claim: <u>Business Debt</u>		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.250	Nonpriority creditor's name and mailing address Quang Dink Vo, Inc. 2418 Ulric Street San Diego, CA 92111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,065.36
	Date or dates debt was incurred <u>October 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.251	Nonpriority creditor's name and mailing address Quill Corp. P.O. Box 37600 Philadelphia, PA 19101-0600	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$187.42
	Date or dates debt was incurred <u>September 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.252	Nonpriority creditor's name and mailing address R&D Systems, Inc. Accounts Receivable 614 McKinley Pl. NE Minneapolis, MN 55413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$444.96
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.253	Nonpriority creditor's name and mailing address RD's For Healthcare, Inc. 1420 W. Kettleman Lane N5 Lodi, CA 95242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$447.20
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.254	Nonpriority creditor's name and mailing address Readylink Healthcare P.O. Box 1047 Thousand Palms, CA 92276	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38,984.60
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.255	Nonpriority creditor's name and mailing address Recovery Services - United Healthcare P.O. Box 740804 Atlanta, GA 30374	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$949.70
	Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.256	Nonpriority creditor's name and mailing address REGENCE BLUE SHIELD PO BOX 30271 SALT LAKE CITY, UT 84130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.257	Nonpriority creditor's name and mailing address Relayhealth, Inc. P.O. Box 98347 Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,978.85
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.258	Nonpriority creditor's name and mailing address Relias Learning, LLC Department CH 16894 Palatine, IL 60055	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,078.65
	Date or dates debt was incurred <u>May 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.259	Nonpriority creditor's name and mailing address Renaissance Imaging Medical Assoc Inc. P.O. Box 190 Simi Valley, CA 93062	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,715.00
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.260	Nonpriority creditor's name and mailing address Ringcentral, Inc. Dept. CH 19585 Palatine, IL 60055	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,357.10
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.261	Nonpriority creditor's name and mailing address Roger Steppe 34890 Grape Avenue Yucaipa, CA 92399	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred <u>August 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.262	Nonpriority creditor's name and mailing address Sandra Sue Spiedel 42296 Valley Center Newberry Springs, CA 92365	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$486.40
	Date or dates debt was incurred <u>June 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.263	Nonpriority creditor's name and mailing address Sanofi Pasteur, Inc. 12458 Collections Center Drive Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,508.53
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.264 Nonpriority creditor's name and mailing address Sarah Waddell 121 White Mountain Bishop, CA 93514	As of the petition filing date, the claim is: Check all that apply.		\$130.00
Date or dates debt was incurred <u>December 2015</u>			
Last 4 digits of account number _____			
3.265 Nonpriority creditor's name and mailing address Satcom Global, Inc. 3130 N. Arizona Avenue, Suite 105 Chandler, AZ 85225	As of the petition filing date, the claim is: Check all that apply.		\$444.00
Date or dates debt was incurred <u>December 2015</u>			
Last 4 digits of account number _____			
3.266 Nonpriority creditor's name and mailing address Schulyer House 27821 Fremont Court, Unit 8 Valencia, CA 91355	As of the petition filing date, the claim is: Check all that apply.		\$1,200.00
Date or dates debt was incurred <u>December 2015</u>			
Last 4 digits of account number _____			
3.267 Nonpriority creditor's name and mailing address SECURE HORIZONS PO BOX 52078 PHOENIX, AZ 85072-2078	As of the petition filing date, the claim is: Check all that apply.		Unknown
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3.268 Nonpriority creditor's name and mailing address SECURE HORIZONS PACIFICARE PO BOX 489 CYPRESS, CA 90630-0489	As of the petition filing date, the claim is: Check all that apply.		Unknown
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3.269 Nonpriority creditor's name and mailing address Shell Fleet Plus P.O. Box 9001015 Louisville, KY 40290	As of the petition filing date, the claim is: Check all that apply.		\$35.50
Date or dates debt was incurred <u>December 2015</u>			
Last 4 digits of account number _____			
3.270 Nonpriority creditor's name and mailing address Shippert Medical Technol 6248 S. Troy Circle, Unit A Englewood, CO 80111	As of the petition filing date, the claim is: Check all that apply.		\$128.00
Date or dates debt was incurred <u>July 2015</u>			
Last 4 digits of account number _____			

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.271 Nonpriority creditor's name and mailing address Siemens Healthcare P.O. Box 121102 Dallas, TX 75312		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$3,370.21	
3.272 Nonpriority creditor's name and mailing address Sierra Fire Sprinkler, Inc. P.O. Box 1766 Bishop, CA 93515		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>October 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$400.00	
3.273 Nonpriority creditor's name and mailing address Sierra Reader 236 N. Warren Street Bishop, CA 93515		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$1,566.00	
3.274 Nonpriority creditor's name and mailing address Sierra Security Systems, Inc. P.O. Box 1206 Bishop, CA 93515		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>November 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$445.50	
3.275 Nonpriority creditor's name and mailing address SIH Donation Account 1239 East Main Street Carbondale, IL 62902		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>August 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$1,914.04	
3.276 Nonpriority creditor's name and mailing address SISC 2000 K Street Bakersfield, CA 93303-1847		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>June 2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		\$194.79	
3.277 Nonpriority creditor's name and mailing address SISC III-SECONDARY PO BOX 80308 SALINAS, CA 93912		As of the petition filing date, the claim is: <i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		Unknown	

Debtor	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
	Name		
3.278	Nonpriority creditor's name and mailing address Sotera Wireless, Inc. 10020 Huennekens Street San Diego, CA 92121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$47,720.42
	Date or dates debt was incurred <u>June 2014</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.279	Nonpriority creditor's name and mailing address SourceOne Healthcare Technologies 4444 Viewridge Avenue, #A San Diego, CA 92123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,701.29
	Date or dates debt was incurred <u>September 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number <u>mNo3</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.280	Nonpriority creditor's name and mailing address Southeast Publications 7676 Peters Road, Suite B Fort Lauderdale, FL 33324-0403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,218.00
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.281	Nonpriority creditor's name and mailing address Staples Credit Plan Dept 00 05075932 P.O. Box 183174 Columbus, OH 43218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,121.50
	Date or dates debt was incurred <u>September 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.282	Nonpriority creditor's name and mailing address STATE OF CALIFORNIA P O BOX 942732 DEPARTMENT OF HEALTH SERV SACRAMENTO, CA 94234-7320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Medical Provider Agreement</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.283	Nonpriority creditor's name and mailing address Steris Corporation Attn: AR P.O. Box 644063 Pittsburgh, PA 15264	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$94.89
	Date or dates debt was incurred <u>July 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.284	Nonpriority creditor's name and mailing address Streck P.O. Box 45625 Omaha, NE 68145	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$843.03
	Date or dates debt was incurred <u>November 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.285	Nonpriority creditor's name and mailing address T System, Inc. Dept. 2537 P.O. Box 122537 Dallas, TX 75312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,789.36
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.286	Nonpriority creditor's name and mailing address Telequality Communication 3150 Power Inn Road Sacramento, CA 95826	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$550.00
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.287	Nonpriority creditor's name and mailing address Teri Giovanine 587 Hammond Street Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$428.76
	Date or dates debt was incurred <u>April 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.288	Nonpriority creditor's name and mailing address Thomas K. Reid, MD 157 Pioneer Lane Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$150.63
	Date or dates debt was incurred <u>September 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.289	Nonpriority creditor's name and mailing address Thomas Petroleum P.O. Box 677289 Dallas, TX 75267	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,212.18
	Date or dates debt was incurred <u>December 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.290	Nonpriority creditor's name and mailing address Thomas Petroleum (Haycock) 481 E. Line St. Bishop, CA 93514	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date or dates debt was incurred _____	Basis for the claim: <u>Utility</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.291	Nonpriority creditor's name and mailing address Tiger Direct P.O. Box 935313 Atlanta, GA 31193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,680.07
	Date or dates debt was incurred <u>August 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.292 Nonpriority creditor's name and mailing address TOIYABE INDIAN HEALTH SVC 52 TUSU LANE INDIAN HEALTH SERVICES BISHOP, CA 93514	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Unknown	
Date or dates debt was incurred _____	Last 4 digits of account number _____		
3.293 Nonpriority creditor's name and mailing address Tosoh Bioscience, Inc. P.O. Box 712415 Cincinnati, OH 45271	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$2,142.00	
Date or dates debt was incurred <u>December 2015</u>	Last 4 digits of account number _____		
3.294 Nonpriority creditor's name and mailing address Tri Anim Health Services 25197 Network Place Chicago, IL 60673	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$335.56	
Date or dates debt was incurred <u>November 2015</u>	Last 4 digits of account number _____		
3.295 Nonpriority creditor's name and mailing address TRICARE PO BOX 7065 CAMDEN, SC 29021-7065	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Unknown	
Date or dates debt was incurred _____	Last 4 digits of account number _____		
3.296 Nonpriority creditor's name and mailing address TRICARE WEST REGION PO BOX 7064 CAMDEN, SC 29021-7064	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Unknown	
Date or dates debt was incurred _____	Last 4 digits of account number _____		
3.297 Nonpriority creditor's name and mailing address TriStar Managed Care Attn: Candice Willis PO Box 10220 Santa Ana, CA 92711-1967	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Unknown	
Date or dates debt was incurred _____	Last 4 digits of account number _____		
3.298 Nonpriority creditor's name and mailing address Udaya De Silva, MD P.O. Box 4037 Lancaster, CA 93539	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$8,120.86	
Date or dates debt was incurred <u>September 2015</u>	Last 4 digits of account number _____		

Debtor Name	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
3.299 Nonpriority creditor's name and mailing address United Blood Services Blood Systems, Inc. P.O. Box 53022 Phoenix, AZ 85072		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,855.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>September 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.300 Nonpriority creditor's name and mailing address United Health Care 5757 Plaza Drive Concord, CA 94520		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,893.80
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>April 2015</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.301 Nonpriority creditor's name and mailing address UNITED HEALTH MILITARY & VETERANS SERVICES, LLC ATTN: REGAN RISTICH 2222 W. DUNLAP AVE. PHOENIX, AZ 85021		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.302 Nonpriority creditor's name and mailing address UNITED HEALTHCARE PO BOX 10066 RAILROAD MEDICARE AUGUSTA, GA 30999		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.303 Nonpriority creditor's name and mailing address United Healthcare Attn: Sherie Lovell 8880 Cal Center Drive Suite 300 Sacramento, CA 95826		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.304 Nonpriority creditor's name and mailing address United Healthcare Attn: Corey Kirichkow 5757 Place Drive Cypress, CA 90630		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Medical Provider Agreement</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.305 Nonpriority creditor's name and mailing address United healthcare Insurance Company Jay A. Ronning, CDM, UHC 185 Asylum Street - 03B Hartford, CT 06103		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,245.41
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>2010-2014</u>		Basis for the claim: <u>Business Debt</u>	
Last 4 digits of account number <u>mNo7</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Southern Inyo Healthcare District Name	Case number (if known)	1:16-bk-10015-FEC
3.306	Nonpriority creditor's name and mailing address United Teacher Association 11200 Lakeline Blvd #100 Austin, TX 78717 Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.09
3.307	Nonpriority creditor's name and mailing address Uptodate 95 Sawyer Road Waltham, MA 02453 Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,600.00
3.308	Nonpriority creditor's name and mailing address Usarad Holdings Inc 6278 N. Federal Hwy., Suite 500 Fort Lauderdale, FL 33308 Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.309	Nonpriority creditor's name and mailing address Verizon California P.O. Box 920041 Dallas, TX 75392 Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,404.58
3.310	Nonpriority creditor's name and mailing address Verizon Credit, Inc. 201 N. Franklin Street Suite 3300 Tampa, FL 33602-5813 Date or dates debt was incurred <u>February 2004</u> Last 4 digits of account number <u>0594</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.311	Nonpriority creditor's name and mailing address VICTIMS OF CRIME PO BOX 3036 STATE BOARD OF CONTROL SACARAMENTO, CA 95812-3036 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.312	Nonpriority creditor's name and mailing address WPS/Tricare P.O. Box 7889 Madison, WI 53707-7889 Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.60

Debtor	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
Name			
3.313	Nonpriority creditor's name and mailing address Zoll Medical Corp P.O. Box 27028 New York, NY 10087	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$115.15
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>May 2015</u>	Basis for the claim: <u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Abbott Diabetes P.O. Box 92679 Chicago, IL 60675-2679	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.2	Beta Healthcare Group Auto/Property Insurance 1443 Danville Blvd. Alamo, CA 94507	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3	CA ST Disbursement Unit Child Support Services P.O. Box 989067 West Sacramento, CA 95798-9067	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4	Craneware Inc. P.O. Box 934241 Atlanta, GA 31193	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5	CT Corporation System 818 West Seventh St. Suite 930 Los Angeles, CA 90017	Line <u>3.310</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6	Emergency Physicians Medical Group c/o Richard Elliott Legal Investigations Group, LLC 3245 Main St., Suite 235-206 Frisco, TX 75034	Line <u>3.246</u> <input type="checkbox"/> Not listed. Explain _____	<u>1718</u>
4.7	Eric C. Carter 114 North Cherry St. Olathe, KS 66061	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	<u>4309</u>
4.8	Greenberg, Grant & Richards, Inc. 5858 Westheimer, 5th Floor Houston, TX 77057	Line <u>3.293</u> <input type="checkbox"/> Not listed. Explain _____	<u>6924</u>
4.9	Incorp Services, Inc. 5716 Corsa Ave. Suite 110 Thousand Oaks, CA 91362-7354	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	<u>4309</u>

Debtor	Southern Inyo Healthcare District	Case number (if known)	1:16-bk-10015-FEC
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	
4.1 0	James Arlen Stearman 1235 N Harbor Blvd Ste 200 Fullerton, CA 92832	Line <u>3.165</u>	Last 4 digits of account number, if any <u>7277</u>
		<input type="checkbox"/> Not listed. Explain _____	
4.1 1	Laboratory Specialists International 4834 Crestwood Court Santa Maria, CA 93455	Line <u>3.178</u>	_____
		<input type="checkbox"/> Not listed. Explain _____	
4.1 2	Med Pass One Reynolds Way Dayton, OH 45430	Line <u>3.194</u>	_____
		<input type="checkbox"/> Not listed. Explain _____	
4.1 3	Pitney Bowes Global Financial Services Attn: Box 371887 500 Ross Street Suite 154-0470 Pittsburgh, PA 15262-0001	Line <u>3.239</u>	_____
		<input type="checkbox"/> Not listed. Explain _____	
4.1 4	Praxair Distribution Attn: Gloria 2301 SE Creekview Ankeny, IA 50021	Line <u>3.242</u>	_____
		<input type="checkbox"/> Not listed. Explain _____	
4.1 5	Sanofi Pasteur, Inc. Attn: Chris Ferner Discovery Drive Swiftwater, PA 18370-0187	Line <u>3.263</u>	<u>mNo4</u>
		<input type="checkbox"/> Not listed. Explain _____	
4.1 6	Sierra Reader P.O. Box 507 Bishop, CA 93515	Line <u>3.273</u>	_____
		<input type="checkbox"/> Not listed. Explain _____	
4.1 7	Telequality Communication 21232 Gathering Oaks, Suite 107 San Antonio, TX 78260	Line <u>3.286</u>	_____
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
 5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	2,554,883.25
5c.	\$	2,554,883.25